



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**
State Form 4604 (R11/11-05)
Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

(CFA-1)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☐ No ☐ Yes If Yes, please enter the file number in this box →

08.057

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Gore	3. First Name Elizabeth	4. Middle Name Mae	5. Nickname LIZ	6. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee	
4. Mailing Address 2510 Sangster AVE				5. FAX (Optional) ()	6. E-mail Address (Optional)
7. City Indianapolis	8. State IN	9. ZIP Code 46218	10. County Marion	11. Telephone (Day) 317.923-6817	12. Telephone (Evening) N/A
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other Independent				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) School Board Commissioner AT LARGE	

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name IPS School Board (AT LARGE)					
14. Mailing Address <input type="checkbox"/> Check if this is a new address 2510 Sangster AVE.				15. FAX (Optional) ()	16. E-mail Address (Optional)
17. City Indianapolis	18. State IN	19. ZIP Code 46218	20. County Marion	21. Telephone (317) 923-6817	22. Committee Organization Date (MM-DD-YY)
23. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Elizabeth M. Gore					
24. Mailing Address <input type="checkbox"/> Check if this is a new address 2510 Sangster AVE.				25. FAX (Optional) ()	26. E-mail Address (Optional)
27. City Indianapolis	28. State IN	29. ZIP Code 46218	30. County Marion	31. Telephone (Day) (317) 923-6817	32. Telephone (Evening)
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Eli Lilly Credit Union					
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)					
31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes					

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee.			Person Appointed Treasurer John P. Gore Sr.			Signature of the Committee Chairperson Elizabeth M. Gore		
33. Treasurer's Full Name <input type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer John P. Gore Sr.								
34. Mailing Address <input type="checkbox"/> Check if this is a new address 2510 Sangster AVE.						35. FAX (Optional) ()		36. E-mail Address (Optional)
37. City Indianapolis	38. State IN	39. ZIP Code 46218	40. County Marion	41. Telephone (Day) (317) 923-6817	42. Telephone (Evening)			

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).	Signature of Person Accepting Appointment John P. Gore Sr.
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SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Elizabeth M. GORE	Signature of Chairperson Elizabeth M. Gore	Date (MM-DD-YY) 7/14/08
43. Typed or Printed Name of Candidate Elizabeth M. GORE	Signature of Candidate Elizabeth M. Gore	Date (MM-DD-YY) 7/14/08

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Elizabeth A. White

JUL 15 2008

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